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PTO/SB/01A (08.03)

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U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

OF TO MAKE CONTROL OF TO MAKE DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

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As the below named inventor (e), I/we declare that:					
This declaration is directed to:					
		☐ The attached app ☐ Application No. ☐ as amended of		filed on	(if applicable);
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
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FULL NA	ME OF INVENT	OR (S)		4 4 4 4	The Part of the Pa
	1	e P. Latos	•	_	
Signature			_ Citizen of:	US	
Inventor (wo: Wayne	K. Shaffer	1 1 1		
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Signature			Citizen of:		
Inventor f	our:		,		
Signature			Citizen of:		
Additio	nal inventors or legal	representative are being nar	mad an	onal form(s) attached here	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the preparing, and submitting the compreted application form to the USPTO. Time will vary depending upon the individual case. Any comments on the submitting the compreted application form to the USPTO. Time will vary depending upon the individual case. Any comments on the sentence of the product of time you require to P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FIES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissional for Patients, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need excitance in completing the form, call 1-800-PTO-9199 and select option 2.